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CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE

DATE: January 26, 2004

| | | |
|--------------------------------------|---|--|
| <i>To:</i> Examiner: Zeade, Bertrand | : | <i>RE: U.S. Patent Application</i> |
| <i>Art Unit:</i> 2875 | : | <i>Serial No.: 09/683,077</i> |
| <i>Fax:</i> (703) 872-9306 | : | <i>Applicant: Miozza et al.</i> |
| <i>From:</i> Thomas M. Fisher | : | <i>Atty. Dkt. No.: 9D-HR-19939 (13307-162)</i> |

DOCUMENTS SUBMITTED WITH TRANSMISSION:

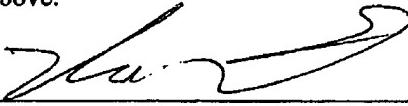
*Request for Reconsideration in response to Office Action dated October 24, 2003 (18 pgs.);
 Amendment Transmittal (3 pgs.)*

*Total pages including cover page: 22
 If all pages are not received, please contact: Lois Viera at Ext. 7938*

*RE: The above-referenced U.S. Patent Application
 Title: MULLION ASSEMBLY FOR REFRIGERATOR QUICK CHILL AND THAW PAN
 Filed: November 15, 2001*

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office,
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 Thomas M. Fisher, Reg. No. 47,564

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VIA FACSIMILE (703) 872-9306

9D-HR-19939
PATENT

JAN 26 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Miozza et al. : Art Unit: 2875
 Serial No.: 09/683,077 : Examiner: Bertrand Zeade
 Filed: November 15, 2001 :
 For: MULLION ASSEMBLY FOR :
 REFRIGERATOR QUICK :
 CHILL AND THAW PAN :

**Mail Stop: Non-Fee Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450**

TRANSMITTAL

1. Transmitted herewith are:

**Facsimile Transmission Sheet (1 pg.);
 Request for Reconsideration in response to Office Action dated October 24, 2003
 (18 pgs.)**

STATUS

2. Applicant

Claims small entity status.
 is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is, on the date shown below, being:

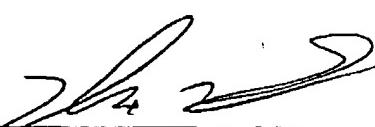
MAILING

Deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to: Mail Stop: Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450.

Date: January 26, 2004

FACSIMILE

Transmitted by facsimile to the Patent and Trademark Office at (703) 872-9306.


 Thomas M. Fisher
 Reg. No. 47,564
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BEST AVAILABLE COPY**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response within: | Other than small entity Fee | Small entity Fee (if applicable) |
|-----------------------------------|--------------------------------|-------------------------------------|
| First month | \$ 110.00 | \$ 55.00 |
| Second month | \$ 420.00 | \$ 210.00 |
| Third month | \$ 950.00 | \$ 475.00 |
| Fourth month | \$1,480.00 | \$ 740.00 |
| Fifth month | \$2,010.00 | \$1,005.00 |

Fee: _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

An extension of _____ months has already been secured. The fee paid therefor \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$

OR

- (b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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BEST AVAILABLE COPY**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| (Col. 1) | (Col. 2) | (Col. 3) | SMALL ENTITY | OTHER THAN SMALL ENTITY |
|--|---------------------------------------|------------------|------------------------------|----------------------------|
| CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | ADDITIONAL RATE FEE OR | ADDITIONAL RATE FEE |
| TOTAL | MINUS | = | x \$9 = \$ | x \$18 = \$ |
| INDEP. | MINUS | = | x \$43 = \$ | x \$86 = \$ |
| <u>— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM</u> | | | + \$145 = \$ | + \$290 = \$ |
| | | | TOTAL ADDITIONAL FEE \$ | OR |
| | | | | TOTAL ADDITIONAL FEE \$ |

(a) No additional fee for claims is required.

OR

(b) Total additional fee for claims required \$

FEE PAYMENT

5. Attached is a check in the sum of \$_____

Charge Deposit Account No. 01-2384 the sum of \$
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. Other:



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